

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met	Date qualification threshold met ____/____/____	Date of termination 12 / 30 / 2024

Date Stamp

**CALIFORNIA
FORM 410**

For Official Use Only

MORENO VALLEY CLERK
'24 DEC 31 AM 11:45

1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE
Lapuos for City Council 2024

*NOTE: never qualified as a committee

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Moreno Valley	CA	92555	[REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
[REDACTED]

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Riverside	Moreno Valley

Attach additional information on appropriately labeled continuation sheets:

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Anna Lapuos

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
[REDACTED]	Moreno Valley	CA	92555

EMAIL ADDRESS OF TREASURER (REQUIRED)
[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
[REDACTED]			

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)
[REDACTED]

NAME OF PRINCIPAL OFFICER(S)
Anna Lapuos

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
[REDACTED]	Moreno Valley	CA	92555

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)
[REDACTED]

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 12/30/2024 By [REDACTED]

Executed on 12/30/2024 By [REDACTED]
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT